Please fax the details to Sheldon Davidson & Co on 0161 767 9770

Referred by: Name .....
Address .....
.....
.....
Telephone .....

Claimant: Name .....
Address .....
.....
Daytime Tel. ..... Mobile No. .....
Date of Birth ...../...../..... Driving Exp..... yrs

Details of Vehicle Owner if different to Claimant above:
Name .....
Address .....
.....
Daytime Tel. ..... Mobile No. .....

Car Registration .....
Model .....
Is the Car driveable ☐ Yes ☐ No
Where is the car now? .....
.....

Your Insurance Company Name: .....
Address .....
Fully Comprehensive ☐ Third Party ☐ Policy No. .....

Were you injured in the accident ☐ Yes ☐ No
If "Yes" please give details: ie head, neck, shoulders, back, shock, shaken: .....
.....
.....

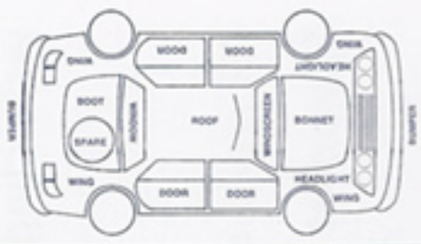
Were any passengers injured in the accident ☐ Yes ☐ No
If "Yes" please give details:
Name: .....
Address: .....
.....Tel No: .....

Details of other passengers injured:
Name/Address: .....
.....
.....
Tel No: .....

Details of other passengers injured:
Name/Address: .....
.....
.....
Tel No: .....

Place of Accident: ..... Date: ..... Time: ..... am/pm
Description of Accident .....
.....
.....
.....
.....
.....
.....
.....
.....
.....
Sketch of Accident

Please mark area(s) of damage:



Details of party at fault: Name: .....
Address: .....
Daytime No: ..... Mobile No: ..... Car Reg: ..... Model: .....
Insurance Company Name .....Policy Number: .....
Address: .....
Police Involvement ☐ Yes ☐ No If Yes please give Police Officer and station if known .....
.....

Witnesses Name: .....
Address: .....
.....
Tel No: .....

Witnesses Name: .....
Address: .....
.....
Tel No: .....